

Katy Independent School District
General Student Information Questionnaire

Date

PLEASE PRINT

Student's Name (Last) _____ (First) _____ (Middle) _____	Home Phone _____
Parent/Guardian's Name _____	Cell/Work Phone _____
Parent/Guardian's Name _____	Cell/Work Phone _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN

<p>1. Does your child have any specific health problems for which you feel school personnel should be made aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____</p>
<p>2. Has your child ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what grade(s) _____ In what school(s): _____</p>
<p>3. Has your child ever received 504 accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what grade(s) _____ In what school(s): _____</p>
<p>4. Has your child ever been in a gifted and talented program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what grade(s) _____ In what school(s): _____</p>
<p>5. Has your child ever been placed in a bilingual class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what grade(s) _____ In what school(s): _____</p>
<p>6. Has your child ever received ESL services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what grade(s) _____ In what school(s): _____</p>
<p>7. Has your child completed coursework for high school credit during junior high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Course _____ Grade Level _____ If your child is currently in junior high, is he/she enrolled in any high school credit courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Course _____ Grade Level _____</p>
<p>8. Has your child ever repeated a grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what grade(s) _____ In what school(s): _____</p>
<p>9. Has your child ever failed to meet the state minimum performance standard? (For example, the TAKS test or its equivalent.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p>
<p>10. Does your child have a pending disciplinary assignment from the previous school? [For example, suspension, ISS, DAEP placement (alternative school), or expulsion.] <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p>
<p>11. Please provide any other information that you feel might be useful to us in the placement of your child? _____</p>
<p>12. Has your child ever attended a Katy ISD school before, including PPCD and community speech? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school and what grade/program: _____</p>